

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023244  
STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

470

FILED JUL 11 1963

VS 300  
Rev. 4/59

10109

20450

3

4 0

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8 1

99170

10 17

11 045

12 2-0

13 3-0

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Armstrong</u> Inside Limits: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University Medical Center</u>		d. STREET ADDRESS (If outside, give location) <u>R. R. #1</u> Reside on Farm: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>TIMOTHY CHARLES WILLIAMS</u>		4. DATE OF DEATH Month Day Year <u>July 8, 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/3/61</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never Worked</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	11. BIRTHPLACE (City and state or country) <u>Howard Co. Missouri</u>
13a. FATHER'S NAME <u>Tommy Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Beverly Beach</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>		14. SOCIAL SECURITY NO. <u>-----</u>	
17. INFORMANT <u>Tommy Williams</u>		Address <u>Armstrong, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Arrest</u> DUE TO (b) <u>Pneumonia, bronchial</u> DUE TO (c) <u>Pseudomonas Septicemia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>3 days.</u> <u>3 days.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Burns - 2° &amp; 3° - 45% of Body Surface</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>He fell into bucket of boiling H<sub>2</sub>O.</u>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>Jun 27 '63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>FAYETTE HOWARD Mo</u>	
21. I attended the deceased from <u>28 Jun 63</u> to <u>8 July 63</u> and last saw him alive on <u>8 July 63</u> Death occurred at <u>1245 pm</u> <u>8 July 63</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Hal K. Bingham M.D.</u>		22b. ADDRESS <u>Univ of Mo. Medical Center</u>	
22c. DATE SIGNED <u>8 July 63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7/8/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Armstrong, Missouri</u>
24. FUNERAL DIRECTOR <u>Ralph A. Carr</u>		25. DATE RECD. BY LOCAL REG. <u>July 8, 1963</u>	
ADDRESS <u>Fayette, Mo</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	

(Licensed Embalmer Statement on Reverse Side)

215233-04E

ADMINISTRATIVE CENTER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340  
P. O. Address Jayette, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.